COVER PAGE CALIFORNIA 460 Campaign Statement Recipient Committee Cover Page (Government Code S | -SE

(Government Code Sections 84200-84216.5)					7
	Statement covers period from 07/01/2017	d Date of election if applicable: (Month, Day) Bangan 31	PM 2 09	Page 1 of 6	of 6
SEE INSTRUCTIONS ON REVERSE	through 12/31/2017	11/03/2020	CITY CHERK'S OFFICE		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	es – Complete Parts 1, 2, 3, and 4.	2. Type of StateMentOF SANIA MAKIA	SABIA MARIA		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	 ☐ Preelection Statement ☒ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) 		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ort on n 495
 General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 	(Also Complete Part b) Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	(wc		
3. Committee Information	1.D, NUMBER 1390966	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Mike Cordero for Council 2020		Trent Benedetti			
		MALING ADDRESS 2151 S College Dr Ste 101	101		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE ARE	AREA CODE/PHONE
2151 S College Dr Ste 101		Santa Maria	CA	93455	(805)922-4881
CITY STATE 2	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY		
Santa Maria	93455 (805) 922-4881				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	R PO BOX	MAILING ADDRESS			
CITY STATE 2	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE ARE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS arybes@aol.com		OPTIONAL: FAX / E-MAIL ADDRESS	SS		

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Officeholder or Candidate Controlled Committee	led Commi	ttee	6. Primarily Formed Ballot Measure Committee	: Measure Cor	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER City Council Member	A AND DISTRIC	T NUMBER IF APPLICABLE)	BALLOT NO, OR LETTER	JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STREET) CITY	TY STATE ZIP	Identify the controlling officeholder candidate, or state measure proponent, if any	eholder candida	ate, or state measure o	oponent if any
1324 Ruby Ct.	Sar	Santa Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPO	NENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	in this Stated Offed by you of If of your can	tement: List any committees r are primarily formed to receive didacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
COMMITTEE NAME		I.D. NUMBER				
NAME OF TREASURER		CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	idate/Officenc for which this co	older Committee Lis mmittee is primarily forme	names of J.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	SS (NO P.O. BC		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	TE ZIP CODE	DDE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	SS (NO P.O. BC	(XC				
OITY STATE	TE ZIP CODE	ODE AREA CODE/PHONE	Attacl	հ continuation s	Attach continuation sheets if necessary	

campaign Disclosure Statement Summary Page	Amounts may be rounded to whole dollars.	fr	Statement covers period CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	12/31/2017 Page 3 of 6
NAME OF FILER			I.D. NUMBER
Mike Cordero for Council 2020			1390966
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	00.0	00.00	
2. Loans Received	-25.00	00.00	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ -25.00	\$	20. Contributions Received 8
4. Nonmonetary Contributions	0.00	0.00	difures
5. TOTAL CONTRIBUTIONS RECEIVED	\$ -25.00	\$	Made \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 843.28	\$ 1,802.72	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	
8. SUBTOTAL CASH PAYMENTS	\$ 843.28	\$ 1,802.72	ZZ. CUMUIATIVE EXPENDITURES MADE. (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	00.00	Date of Election Total to Date
10. Nonmonetary Adjustmentschedule C, Line 3	0.00	00.00	(mm/dd/yy)
11, TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 843.28	\$ 1,802.72	\$
Current Cash Statement			8
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 7,528.11	To calculate Column B. add	
13. Cash Receipts Column A, Line 3 above	-25.00	amounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	843.28	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,659.83	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is	
17. LOAN GUARANTEES RECEIVEDSchedule B, Part 2	8	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	00.00		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00	2	
			FPPC Form 460 (Jan/2016)

Schedule B - Part 1 Loans Received

Amounts may be rounded

SCHEDULE B - PART 1 Statement covers period

Loans Received		to whole dollars.	rā.	¥	from 07/01/2017	/2017	FORM	460
SEE INSTRUCTIONS ON REVERSE				‡	through 12/31/2017	/2017	Page 4	of 6
NAME OF FILER							I,D. NUMBER	
Mike Cordero for Council 2020							1390966	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSEF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION: TO DATE
				☐ PAID				CALENDAR YEAR
				\$	us.	RATE %	y ₂	\$
T IND COM OTH PTY SCC		89	92	, 90	DATE DUE	GP-	DATE INCURRED	40
				□ PAID				CALENDAR YEAR
				\$	69	RATE %	e9	PER ELECTION *
T IND COM OTH PTY SCC		ь	<u>.</u>	9	DATE DUE	(F)	DATEINCURRED	S
				□ PAID				CALENDAR YEAR
				\$	ы	RATE	87	PER ELECTION*
TO IND COM OTH PTY SCC		6	6	89	DATE DUE	8	DATE INCURRED	ь
		SUBTOTALS \$	₩		\$\$			

Schedule B Summary

€ (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period.

₩ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) Loans paid or forgiven this period ć

S Law S Enter the net here and on the Summary Page, Column A, Line 2. Net change this period. (Subtract Line 2 from Line 1.) ς i

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

-25.00 (May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

25.00

†Contributor Codes IND-Individual

(Enter (e) on Schedule E, Line 3)

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Amounts may be rounded to whole dollars.

9 ŏ CALIFORNIA I.D. NUMBER FORM Page 5 Statement covers period 07/01/2017 12/31/2017 through from

1390966

SCHEDULE

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meetings and appearances member communications office expenses campaign paraphernalia/misc.

campaign consultants

Mike Cordero for Council 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

contribution (explain nonmonetary)* candidate filing/ballot fees civic donations

SS CS CS S P

fundraising events independent expenditure supporting/opposing others (explain)* legal defense

campaign literature and mailings

postage, delivery and messenger services polling and survey research petition circulating phone banks S F 5 5 8 8 F

professional services (legal, accounting)

print ads

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs candidate travel, lodging, and meals campaign workers' salaries returned contributions RAD SAL SAL TEL TEL TRC TRS TRS WEB

radio airtime and production costs

information technology costs (internet, e-mail) voter registration

NAME AND ADDRESS OF PAYEE (FOOMMITTE: ALSO ENTER ID, NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		63.65
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	FIL	reimburse filing fee	647.94
Denedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		47.50

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

759.09	84.19
89	\$
1. Itemized payments made this period. (Include all Schedule E subtotals.)	2. Unitemized payments made this period of under \$100

759.09

SUBTOTAL \$

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^{843.28} TOTAL 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Payments Made Contractor (on I Schedule G

SCHEDU

Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA
Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2017	FORM 4
SEE INSTRUCTIONS ON REVERSE		through 12/31/2017	Page 6 of 6
NAME OF FILER			I.D. NUMBER
Mike Cordero for Council 2020			1390966

NAME OF AGENT OR INDEPENDENT CONTRACTOR Mike Cordero

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CODES:

meetings and appearances member communications campaign paraphernalia/misc. O. CNS

contribution (explain nonmonetary)* candidate filing/ballot fees campaign consultants civic donations

2

petition circulating office expenses phone banks

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5 fundraising events independent expenditure supporting/opposing others (explain)* legal defense 28

campaign literature and mailings

postage, delivery and messenger services professional services (legal, accounting) polling and survey research print ads S & S

radio airlime and production costs returned contributions

t.v. or cable airtime and production costs candidate travel, lodging, and meals campaign workers' salaries

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

voter registration

information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454	FIL	candidate filing fee	647.94
			3-
Attach additional information on appropriately labeled continuation sheets.		.01	TOTAL* \$ 647.94

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* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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